

To: St. Joseph the Worker Families

From: Sara Miller
Helping Hands Coordinator

Please print out these coupons and submit one to Dr. Bob Bryan Orthodontics with each payment or within 30 days of each ACH payment. Please note that without a coupon, you will not receive a tuition credit.

Because of privacy issues, Helping Hands will not have access to any payment history to Dr. Bob Bryan Orthodontics. Any discrepancies must be addressed between you and Dr. Bob Bryan Orthodontics.



**DR. BOB BRYAN
ORTHODONTICS**

www.drboobbryan.com



DR. BOB BRYAN ORTHODONTICS

St. Joseph the Worker Helping Hands
Contribution Request / Payment Coupon

Patient Name: _____ Address: _____

Student Name : _____ Circle one: School CCHS Prep Angel

Phone: Home: _____ Cell: _____

Payment Date: _____ Payment Amount: _____

****You will only receive tuition credit if you submit this receipt with EACH payment****

****Coupon must be submitted within 30 days of each ACH payment****

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